



**STATE OF TENNESSEE**  
**DEPARTMENT OF COMMERCE AND INSURANCE**  
**HOME INSPECTOR LICENSING PROGRAM**  
500 JAMES ROBERTSON PARKWAY  
NASHVILLE, TENNESSEE 37243-1138  
615-741-1741

**INDIVIDUAL COURSE APPROVAL**

SECTION I. NAME OF COURSE

SECTION II. NAME OF ORGANIZATION OFFERING COURSE

SECTION III. LOCATION  
(be as specific as possible listing building name, street address, city, state and zip code)

SECTION IV. OTHER ENTITIES THAT HAVE APPROVED COURSE, i.e., STATES, COUNTIES, ETC. (if known)

SECTION V. PROVIDE A LIST OF TOPICS (include an outline or detailed brochure if available)

SECTION VI. INSTRUCTOR INFORMATION

SECTION VII. EXAMINATION

YES \_\_\_\_\_

NO \_\_\_\_\_

SECTION VIII. CLASSROOM INFORMATION

NUMBER OF CLASSROOM HOURS \_\_\_\_\_ LENGTH OF EXAM \_\_\_\_\_

SECTION IX. ATTACH A COPY OF CERTIFICATE, LETTER, OR OTHER DOCUMENT TO SHOW SUCCESSFUL COMPLETION OF COURSE

HOME INSPECTOR LICENSEE NAME

LICENSE#